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CONFIRMATION NO. 3158

Bib Data Sheet

SERIAL NUMBER 10/611,370	FILING DATE 06/30/2003 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 2263-1-3
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APPLICANTS

J. Helen Fitton, Bellerue, AUSTRALIA;
 Charles Dragar, Berwick, AUSTRALIA;

none same

** CONTINUING DATA *****

same

** FOREIGN APPLICATIONS *****
 AUSTRALIA 2002952368 10/31/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/24/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *SP McLaughlin* Examiner's Signature *SMO* Initials

ADDRESS
 00996
 GRAYBEAL, JACKSON, HALEY LLP
 155 - 108TH AVENUE NE
 SUITE 350
 BELLEVUE, WA
 98004-5901

TITLE
 Method and composition for the treatment of a viral infection

FILING FEE RECEIVED 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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